

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Bert
Ceccconi

OFFICE USE ONLY

Date Received

✓

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3017 Charter Crest S.A. TX 78230

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Anne
Mullen-Smith

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3026 Nantucket Dr. S.A. TX 78230

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 699-1940

8 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

Feb / 19 / '03 THROUGH Mar / 24 / '03

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

May / 3 / '03

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council - Dist. 8

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; APT / Suite; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 MAR 28 AM 9:59

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Cecconi Campaign Committee

11107 Wurmbach Pkwy. Suite 601-A S.A., TX 78230

Anne Mullen-Smith

3026 Nantucket Dr. S.A., TX 78230

17 NO REPORTABLE
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ —

EXPENDITURE
TOTALS

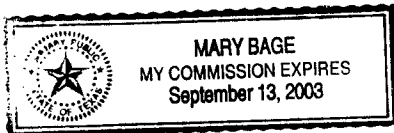
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 9,703.¹⁶OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD\$ 10,000.⁰⁰

19 AFFIDAVIT



Mary Bage

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bert Cecconi

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BERT CECCONI, this the 27th day of March, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 MAR 28 AM 10:00

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

4

2 FILER NAME

Bert Ceconi

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/19/03

5 Payee name

City of San Antonio

6 Payee address; City, State, Zip Code

PO Box 839975
San Antonio, TX 78283-3975

7 Amount (\$)

\$180.15

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

1/10/03

Payee name

City of San Antonio

Payee address; City, State, Zip Code

PO Box 839975
San Antonio, TX 78283-3975

Amount (\$)

\$10.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

2/19/03

Payee name

City of San Antonio

Payee address; City, State, Zip Code

PO Box 839975
San Antonio, TX 78283-3975

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

3/28/03

Payee name

Elizabeth Garcia-Giesick

Payee address; City, State, Zip Code

7826 Lark Ridge
San Antonio, TX 78250

Amount (\$)

\$83.11

Purpose of payment (See instructions regarding type of information required.)

office staff

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

2003 MAR 28 AM 10:00

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F 4
2 FILER NAME Bert Cecconi		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/17/03	5 Payee name Mungia Printers 6 Payee address, City, State, Zip Code 2201 Buena Vista San Antonio, TX 78207-3799	7 Amount (\$) \$22.76
8 Purpose of payment (See instructions regarding type of information required.) printing		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2/18/03	Payee name Mungia Printers Payee address, City, State, Zip Code 2201 Buena Vista San Antonio, TX 78207-3799	Amount (\$) \$289.00
Purpose of payment (See instructions regarding type of information required.) printing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2/28/03	Payee name Sutherland Advertising Payee address, City, State, Zip Code 830 N.E. Loop 410 #200 San Antonio, TX 78209	Amount (\$) \$1,048.00
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3/4/03	Payee name Debbie Marino Payee address, City, State, Zip Code 7515 Peppervine San Antonio, TX 78249	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) office staff		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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CITY CLERK
2003 MAR 28 AM 10:00

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

4

2 FILER NAME

Bert Cecconi

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/11/03

5 Payee name

Henry Farias

6 Payee address: City, State, Zip Code

123 Broadbent Street
San Antonio, TX 78210

7 Amount (\$)

\$250.00

8 Purpose of payment (See instructions regarding type of information required.)

signs

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

3/13/03

Payee name

Election Support Services, Inc.

Payee address: City, State, Zip Code

4958 military Drive West
San Antonio, TX 78242

Amount (\$)

\$2,290.39

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

3/13/03

Payee name

Sutherland Advertising

Payee address: City, State, Zip Code

830 N.E. Loop 410 #200
San Antonio, TX 78209

Amount (\$)

\$1,805.18

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address: City, State, Zip Code

N.A.

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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CITY CLERK
2003 MAR 28 AM 10:00

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1 Total pages Schedule F

4

2 FILER NAME

Bert Cecconi

3 ACCOUNT # (Ethics Commission)

4 Date

5 Payee name

3/13/03

Henry Farias

6 Payee address; City; State; Zip Code

123 Broadbent Street
San Antonio, TX 78210

7 Amount (\$)

\$250.00

8 Purpose of payment (See instructions regarding type of information required.)

Signs

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

3/13/03

Sutherland Advertising

Payee address; City; State; Zip Code

830 N.E. Loop #200
San Antonio, TX 78209

Amount (\$)

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

3/13/03

Allied Advertising

Payee address; City; State; Zip Code

3700 Blanco Road
San Antonio, TX 78212

Amount (\$)

\$1,345.80

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

3/18/03

Kwik Kopy

Payee address; City; State; Zip Code

3823 Fredericksburg Rd #101
San Antonio, TX 78201-3229

Amount (\$)

\$778.77

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 MAR 28 AM 10:00

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Bert Cecconi

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

1-10-03

7 Name of lender

☐ out-of-state PAC (ID#: _____)

Dentistry International, Inc.

9 Loan Amount (\$)

\$19,000.00

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

2040 Babcock Rd. Suite 307
San Antonio, TX 78229

10 Interest rate

prime

11 Maturity date

1-10-04

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

N.A.

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

N.A.

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

N.A.

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.